

Health literacy and psoriasis: putting the patient at the centre of care

Gillian Rowlands MD, FRCP, FRCGP
Professor of General Practice
Institute of Health and Society
Newcastle University
UK

Parents of a young child with eczema came to see me. They were getting varying, and often conflicting advice from friends, family, doctors, and various internet sources and newspaper articles. “How do we know what advice we can trust?” they said. “What do we do when the advice we find tells us to do different things?” “Can we damage our baby’s health by cutting out too many foods?” “Can sunshine cure eczema?” and so on and on....

This is health literacy. There are several very comprehensive definitions, one of which is given by Larsen et al in this issue, but at its core health literacy is about capacities of individuals, families and communities to get hold of, understand, and, when appropriate for them, act on, information to become and stay healthy. It comprises a range of skills from reading and writing in health settings and having the language and confidence to discuss health, through to ‘critical’ skills that enable people to ‘exert greater control over life events and situations’ (1). Health literacy has a social gradient (2, 3); bringing the prospect that building health literacy in disadvantaged and marginalised communities could reduce health inequalities and empower patients.

In this issue, Larsen et al take an important step in exploring the importance of health literacy for patients with psoriasis (reference), including its importance in quality of life, self-efficacy and knowledge. The challenge to those providing dermatological health services is to understand more about health literacy across the full range of these prevalent and distressing conditions, and to know how to support patients and the public to develop ‘skin health literacy’.

What might increased health literacy mean for people with skin conditions? It could range from more skills to find, understand, evaluate and act upon information to take control of their skin health - for example public health information on ultra-violet light levels, or the best diet for allergic conditions. It could be patient confidence in having informed discussions about, and making decisions about, their health, and using treatment regimes to best effect. Finally, critical health literacy could involve skills to identify and overcome barriers to skin health.

This may all seem challenging – but small initial steps can help. Making health organisations more health literate through reviewing and simplifying systems and information is a good start (4). Re-naming dermatology departments and clinics ‘skin clinics’, and making sure that information is available in simple formats in clear language can make great differences to patients who are struggling to understand. In the consultation, techniques such as ‘Teach-Back’ (5) can be used to ensure clear communication and also to build patient health literacy. Courses to build patient and public health literacy can give people more confidence and skills to manage their own health conditions (6).

In summary, health literacy is likely to be an important cause of poor health and health inequalities in skin conditions, and promoting health literacy may reduce inequalities and improve health. Dermatology practitioners can lead the way in improving health services and in supporting patients to develop skills to not only understand, but self-manage, their conditions. Focused advice and support

from me and the practice staff meant higher health literacy for the parents of the child with eczema, and more confidence and skills to manage this very complex condition.

548 words

References

1. Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*. 2000 15(3):259-67.
2. Sorensen K, Pelikan JM, Rothlin F, Ganahl K, Slonska Z, Doyle G, et al. Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU). *Eur J Public Health*. 2015;25(6):1053-8.
3. Rowlands G, Protheroe J, Winkley J, Richardson M, Seed PT, Rudd R. A mismatch between population health literacy and the complexity of health information: an observational study. *Br J Gen Pract*. 2015;65(635):e379-86.
4. Brach C, Keller D, Hernandez LM, Baur C, Parker R, Dreyer B, et al. *Ten Attributes of Health Literate Health Care Organizations*. Washington DC: Institute of Medicine; 2012.
5. Teach-back: North Carolina Program on Health Literacy; 2015. Available from: <http://www.nchealthliteracy.org/toolkit/tool5.pdf>.
6. Making the case for health literacy: East Midlands national demonstrator site 2016 - 17 Strategic report. Health Education England; 2017. Available from: <https://www.hee.nhs.uk/our-work/health-literacy>